

Mortgage Loan Originator Application Affidavit

Declaration, Acknowledgment, and Signature

Under penalty of criminal prosecution under the laws of Montana, I declare and acknowledge that:

1. I have read the instructions and completed this application.
2. I understand the Division of Banking and Financial Institutions may require additional information and/or documentation to determine if Applicant is qualified for licensure.
3. Applicant will immediately notify the Division of Banking and Financial Institutions in writing if any information on this Application changes.
4. I personally signed this application.
5. I have examined this Application, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct and complete.
6. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
7. I understand that my application will be denied if I give false, misleading, or inaccurate answers on this Application and that omissions of fact are misleading answers.
8. I authorize all my current and former employers, law enforcement agencies, and any other person to furnish to any jurisdiction, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination.
9. I have read and understand applicable federal and state law, and will be in compliance at all times.

I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with this application for a license.

The act of submitting this license renewal application constitutes a legally binding action attesting to the truth of information provided in this license application. I am authorized to submit this application and all statements and representations made are true and correct to the best of my knowledge, information and belief.

I swear or affirm to the above statements.

Signature of Applicant: _____

Name of Applicant (Print Name): _____

Date: _____

Organization: _____

Phone Number: _____